



MONTANA MEDICAID CLAIM JUMPER

Volume XI

The Montana Medicaid Newsletter

Fall 2000

EASY WAYS TO VERIFY ELIGIBILITY

Providers are required to confirm Medicaid, Mental Health Services Plan (MHSP), and Children's Health Insurance Plan (CHIP) eligibility. Medicaid eligible individuals receive an Identification Card that shows details of their eligibility on a monthly basis, including the dates of coverage. MHSP and CHIP eligible individuals receive a card, one time only, that does not contain information about dates of eligibility. The following methods can be used to confirm eligibility:

- **AVRS** – Automated Voice Response System: The AVRS can verify eligibility for specific dates of service. Limited third party liability information and any other restrictions will also be given. You may access AVRS by calling 1-800-714-0060.
- **FAXBACK** – FAXBACK will give you the same eligibility information as AVRS but will send you a report via fax. You must initially contact the Provider Relations Department at Consultec to sign up for FAXBACK. You may access FAXBACK by calling 1-800-714-0075.
- **Medicaid Eligibility and Payment System (MEPS)** – Providers can now access eligibility through the Internet. MEPS is available via the Medicaid kiosk in the DPHHS room of the Virtual Human Services Pavilion: <http://vhsp.dphhs.state.mt.us>. To access MEPS, you must first receive a password from DPHHS. This can be done by printing the MEPS Access Request Form from the MEPS site, completing and mailing it to DPHHS. In a few days the MEPS Security Officer will contact you to verify your request and to give you your MEPS password. You will be required to change your password the first time you log on to MEPS.
- **Provider Relations at Consultec** – You may also call Provider Relations to verify eligibility. If there are other issues to address including eligibility this would perhaps be a more appropriate contact. You may call Provider Relations at 1-800-624-3958 (in-state providers) or 406-442-1837 (Helena and out-of-state providers).



Happy Holidays!

First Health Services Assumes Mental Health Utilization Review Role

Beginning **Monday, October 30, 2000**, clinical review activities for the Montana Medicaid mental health program and the Mental Health Services Plan (MHSP) will be performed by **First Health Services**. These include all the functions previously performed by the Mountain-Pacific Quality Health Foundation:

- Prior authorizations for inpatient psychiatric hospitalization, residential treatment, partial hospitalization, therapeutic group care, therapeutic family care and crisis stabilization.
- Continued stay reviews for these same services.
- Prior authorizations for therapeutic home leave.
- MHSP emergency eligibility.
- Review of MHSP clinical assessments for eligibility.

Effective October 30, 2000, all requests for clinical assessment, prior authorization, and continued stay authorization must be sent to:

First Health Services

Telephone: 1-800-770-3084

Fax: 1-800-639-8982

A copy of the First Health Provider Manual and revised forms are available on the Department's website at <http://www.dphhs.state.mt.us/hot/mhap.htm>.

If you have questions or need personal assistance, please contact First Health Services.

The Mountain-Pacific Quality Health Foundation will continue to be available to providers to complete reviews and appeals previously submitted to them.



HIPAA Administrative Simplification Final Rules Published

In the last issue of the *Claim Jumper*, we included an article on the Health Insurance Portability and Accountability Act (HIPAA). The U.S. Department of Health and Human Services has since published the final rules regarding the Administrative Simplification portion of HIPAA. These rules and more information about HIPAA are available at the following website: <http://aspe.hhs.gov>.

Recently Released Publications

The following is a list of publications sent out since the release of the last *Claim Jumper*. If you would like extra copies of these publications, please contact Consultec Provider Relations.

Date	Sent to	Topic
7/5/2000	Hearing Aid Providers	Hearing Aid Repair Procedure Codes
7/17/2000	Ambulatory Surgical Centers	Covered Services
July 2000	Durable Medical Equipment Providers	Raised Toilet Seat Coverage
July 2000	Commercial Transportation Providers	Updated Provider Manual
July 2000	Ambulance Providers	Updated Provider Manual
July 2000	Specialized Non-Emergency Transportation Providers	Updated Provider Manual
July 2000	Dental Providers	Updated Provider Manual
July 2000	Denturist Providers	Updated Provider Manual
7/26/2000	Physical, Speech, Occupational Therapists and School-Based Providers	Medical Documentation
August 2000	Rural Health Clinics	Updated Provider Manual
August 2000	Federally Qualified Health Centers	Updated Provider Manual
August 2000	School-Based Providers	Updated Provider Manual
8/16/2000	Dental Providers	Corrections to Provider Manual
9/18/2000	Prescribers	MHSP Drug Co-payment Changes
9/18/2000	Pharmacies	MHSP Drug Co-payment Changes
9/27/2000	Physical, Speech, Occupational Therapists and School-Based Providers	Use of Modifiers '22' and '52'
9/29/2000	Mental Health Providers	MHSP/CHIP denials
10/17/2000	Dental Providers	Corrections to Provider Manual
10/17/2000	Mental Health Providers	Utilization Management by First Health Services
10/23/2000	Hospital Providers	CPT/HCPCS Coding Requirements

Announcing Exciting New Training Opportunity

Consultec and Department of Public Health and Human Services (DPHHS) are pleased to invite you to a brand new training opportunity. The Medicaid Provider Fair will be held at Cavanaugh's Colonial Inn in Helena on Friday, June 15, 2001, from 8:00 a.m. until 5:00 p.m. The fair will be in a format completely different from our previous provider trainings. There will be a vendor area available to you with representatives from various organizations, such as other health care payers, various divisions of DPHHS, etc... There will be concurrent training sessions available throughout the day. Some featured topics will be Prior Authorization Tips, Childrens Health Insurance Plan, Medicaid Eligibility Process, General Medicaid Policy, and Health Insurance Portability and Accountability Act (HIPAA).

More information will be sent to you in the next few months about the Fair. Please mark your calendar to attend this exciting training and networking session.

INFORMATION TELEPHONE NUMBERS

Provider Relations	1-800-624-3958 (Montana Providers) 1-406-442-4402 (FAX)	1-406-442-1837 (Helena and Out-of-State Providers)	
FAXBACK	1-800-714-0075	AUTOMATED VOICE RESPONSE	1-800-714-0060
Point-of-Sale Help Desk	1-800-365-4944	PASSPORT	1-800-480-6823
Direct Deposit	1-406-444-5283		

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Frequently Asked Questions about ACE\$

Beginning with this issue of the *Claim Jumper*, we will answer some of the most frequently asked questions about ACE\$, Consultec's electronic billing software.

Question: Is it necessary to enter something in the "Pay To Provider" field?

Answer: Please leave the "Pay To Provider" field blank.

Question: Can claims be deleted from ACE\$ after they have been paid?

Answer: Yes, although it is highly recommended that you back-up your claims first to either a writeable CD or tape drive. This is because of the 6 years and 3 months record retention period for Montana Medicaid.

Question: What does the message "Unexpected Response from Host" mean during transmission of claims?

Answer: This message may occur for two reasons. The first reason may be that other providers are transmitting at the same time and all lines are busy. Consultec has added an additional line so this has few chances of happening. The second reason could be that your communication settings are not reflecting the correct information. Please make sure you are dialing the correct phone number, that your Submitter Number is correct, and that you have entered your password correctly.
